

# 47  
04-07-05



LATE  
Backup

	<b>Presentation Overview</b>
	<p>Chief Stanley L. Knee - Taser Use, Current Policy and Analysis of Use</p> <p>Dr. Edward Racht and Dr. Pat Crocker- Medical Implications</p>

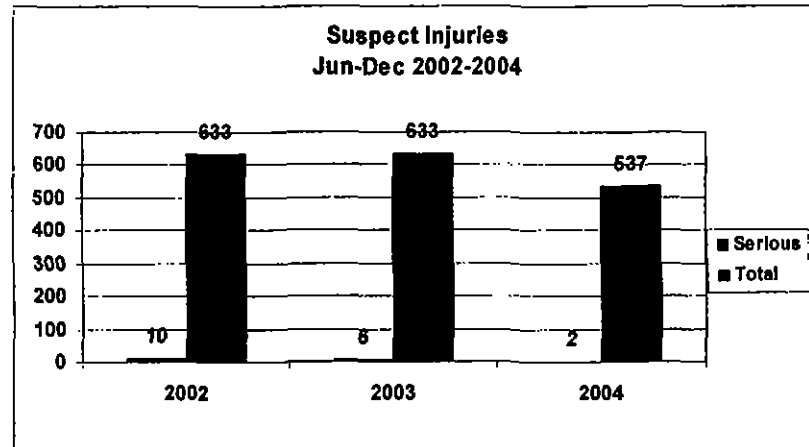
	<b>APD Policy on Taser Use</b>
	<p>(policy changes continued)</p> <p>4) When flammable liquids or gases are present</p> <p>5) Against a woman who is obviously pregnant; a child, which by physical stature and size appears to be under the age of 14; a disabled individual; or an elderly individual</p>

	<b>APD Policy on Taser Use</b>
	<p>When deploying a Taser, the officer is instructed to:</p> <ul style="list-style-type: none"> <li>■ Give explicit verbal commands to the suspect</li> <li>■ Avoid deployment to sensitive tissue areas</li> <li>■ Avoid deployment against a subject operating a motor vehicle.</li> </ul>

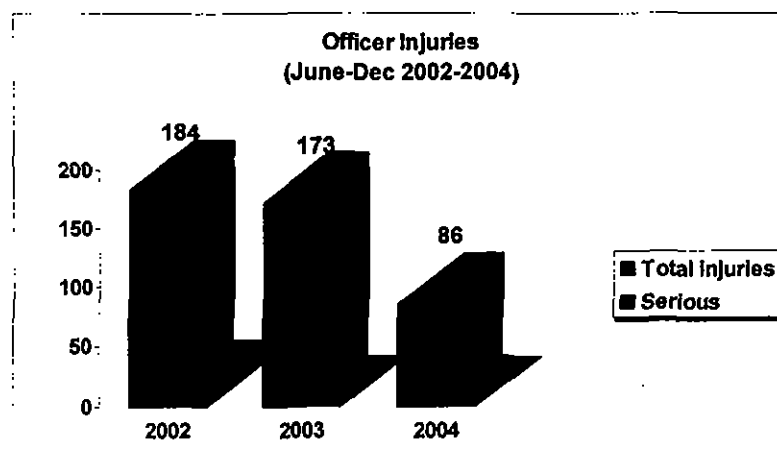
	<h2>APD Taser Use</h2>
	<p>Taser use has increased, but decreases are seen in soft hand control, hard hand control and OC spray.</p> <p>In 2004, a Taser was the highest level of force used in 41% (220) of all reports. There were over 29,000 custody arrests from June-Dec 2004.</p>

	<h2>APD Key Findings</h2>
	<p><i>The increase in Taser use from 2003 to 2004 is due primarily to the availability of Tasers.</i></p> <ul style="list-style-type: none"><li>■ August of 2003, Patrol had limited access - only 144 available for use.</li><li>■ By June of 2004, APD issued 750 model X26 Tasers.</li></ul>

## APD Key Findings



## APD Key Findings



	<h2>APD Policy on Taser Use</h2>
	<p>APD seeks assistance of medical experts:</p> <ul style="list-style-type: none"><li>■ Precautionary measures will be taken for those who may have pre-existing medical issues or are under the influence of a narcotic or controlled substance.</li><li>■ Automated external defibrillators (AEDs) to be placed in the supervisor's vehicles and police substations.</li></ul>



	<h2>APD Policy on Taser Use</h2>
	<p>Training and Certification for Tasers:</p> <ul style="list-style-type: none"><li>■ An officer must successfully complete the departmentally approved training program (10 hrs).</li><li>■ Subject to annual recertification.</li></ul>

	<b>Review of the medical literature</b> <b><i>Summary findings</i></b>
	<ul style="list-style-type: none"><li>■ 10,000 operational uses &amp; 30,000 volunteer subjects</li><li>■ The majority of injuries associated with TASER use are minor</li><li>■ No significant cardiac risks have been directly attributed to the TASER</li><li>■ Experimental models of TASER use demonstrate the energy required to cause an abnormal heart rhythm is 15 times the current TASER pulse</li></ul>



	<b>Review of the medical literature</b> <b><i>Evaluation of fatalities</i></b>
	<ul style="list-style-type: none"><li>■ Current medical literature describes the majority of fatalities occur in patients that have co-existing drug ingestion<ul style="list-style-type: none"><li>– Cocaine</li><li>– Methamphetamine</li><li>– PCP</li></ul></li><li>■ Agitated delirium increasingly described as cause of death</li><li>■ Most fatalities are not immediate, but delayed</li></ul>



## MEMORANDUM

Austin Police Department  
**Office of the Chief**

**To:** Toby H. Futrell, City Manager  
Rudy Garza, Assistant City Manager

**From:** Stanley L. Knee, Chief of Police

**Date:** April 6, 2005

**SUBJECT:** APD Briefing on the Use of Tasers

In preparation for the April 7<sup>th</sup> Council briefing and the meeting of medical professionals held by Dr. Racht, we have gathered the following data related to APD use of Tasers. Data on the use of force by type was reviewed for three time periods: **June through December of 2002, 2003, and 2004.**

**The key findings from the comparison data indicates:**

- **There was a 15.1% decrease in the number of suspects involved in use of force reports (2003-2004).**
- **There was a 53.3% decrease in officer injuries (2002-2004).**
- **There was a 66.75% decrease in suspect serious injuries (2003-2004).**
- **There was a 25.0% decrease in citizen complaints related to excessive force (2002-2004).**
- **There was a 32.1% decrease in the use of force reports per 1000 arrests (2002-2004).**

### Deployment and Policy Regarding Use

APD's initial policy on Taser use has been in place since the M26 Tasers were first approved for use as a duty weapon in 2002. At that time, APD had approximately 20 tasers deployed, issued primarily to sergeants. In 2003, the department acquired additional tasers, increasing the total number in use to 144. In February 2004, Council approved the purchase of 750 newer, smaller X26 Tasers that were issued to all Patrol

In December 2004, APD attended a Use of Force Conference, hosted by the International Association of Chiefs of Police in San Diego, California. Experts from Great Britain gave a presentation on the Taser, covering both the M26 and X26 models. They stressed that there was no evidence to prove that there is a specific, direct correlation between the use of Tasers and deaths that occur in connection with their use. They recommended that until all research has been completed, that medical assistance should be available as a precautionary measure for individuals who may have pre-existing medical issues or while under the influence of a narcotic or controlled substance.. As a result, APD has begun the process of purchasing 55 automated external defibrillators (AEDs) to be placed in the supervisors' vehicles and police facilities.

The Austin Police Department has implemented additional alternatives, beyond the use of tasers which include having all of the Downtown Area Command officers trained as Crisis Intervention Officers (mental health officers) to increase the likelihood of intervention rather than the use of force when dealing with emotionally disturbed individuals.

#### Comparison of Use of Force by Type

Data on the use of force by type was reviewed for three time periods: June through December of 2002, 2003, and 2004. These time periods were chosen as they demonstrate three distinct time periods, each with a different number of Tasers issued to officers. In 2002, less than 40 of the larger M26 Tasers were available and had been issued to the former Crowd Management Team. By August of 2003, APD issued an additional 105 of the larger M26 Tasers, but they were not readily available to Patrol due to their limited number. By June of 2004, Patrol officers had completed their training and all officers and Sergeants assigned to patrol were issued the newer model X26 Tasers.

Use of Force takes many forms, including use of open or closed hands, tasers, impact weapons like a baton or flashlight, chemical weapons like pepper spray or tear gas and less lethal ammunition like beanbag shotguns. In many incidents, officers may have to use multiple types of force before achieving compliance from the suspect. Chart 1 shows the number of reports each year for 2002, 2003 and 2004, for each type of force used.



Impact Munitions—extended-range impact weapon, the orange, in color, 870 shotgun that fires a bean bag round.

Impact Weapon—any weapon or object that is used to strike, such as a nightstick.

None—no use of force reported in use of force report.

OC Spray—chemical weapon, known as the "pepper spray".

Other—verbal commands or any other action that cannot be categorized in any specific use of force category.

Soft Hand Control—techniques that have minimal probability of injury such as joint locks, pressure points and escort holds.

Taser—a less-lethal electronic shocking device.

Chart 1 indicates the shift in types of use of force from 2002 to 2004. Increases are seen in taser use, but decreases are seen in soft hand control, hard hand control and OC spray. In 2004, a Taser was the highest level of force used in 41% (220) of all reports. *The increase in Taser use from 2003 to 2004 is due primarily to the availability of Tasers.* APD now has 894 Tasers in use; 750 of the new, smaller model used by first responders in Patrol and 144 of the older, larger model used by the DWI, Highway Enforcement and Homeland Units. *The numbers of officers using force, suspects on whom force is used and the number of use of force incidents have all decreased over the same time periods.*

#### Decrease in Use of Force Suspect Injuries

In total, during the three time periods, there were 1,803 use of force reports filed involving 1,797 suspects and 1,134 officers. The number of suspects involved in use of force reports has remained relatively stable from 2002 to 2003, but decreased by 15.1% from 2003 to 2004. The number of suspects for June-December of 2003 was 630. This number dropped to 535 for the same time period of 2004.

The number of injuries incurred by suspects also decreased over the three years. Table 1 provides the number of injuries by injury level. *Injuries listed as "serious" saw the greatest decrease over the three time periods.*

**Table 2: Excessive Force Complaints and Custody Arrests  
June – December 2002-2004**

<b>Excessive Force Complaints and Arrests</b>	<b>2002</b>	<b>2003</b>	<b>02-03% Change</b>	<b>2004</b>	<b>03-04% Change</b>	<b>02-04% Change</b>
Complaints	36	32	-11.1%	27	-15.6%	-25.0%
Custody Arrests	26,658	28,674	7.6%	29,453	2.7%	10.5%
Excessive Force Complaints per 1000 Arrests	1.35	1.12	-17.4%	0.92	-17.9%	-32.1%

We will continue to monitor the use of Tasers, national reports, and other resources to ensure that the Taser is safe and appropriate for use by our officers. In addition, the Office of Police Monitor and a Citizen Oversight Committee will continuously monitor and review citizen complaints against officers.

# City of Austin/Travis County Emergency Medical Services System

## Office of the Medical Director

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**TO:** Rudy Garza  
Assistant City Manager

**FROM:** Dr. Edward Racht  
Medical Director, City of Austin / Travis County EMS System

Dr. Pat Crocker  
Medical Director, Brackenridge & Children's Hospital Emergency Dept.  
Chair, Travis County Medical Society ED/EMS Committee

**DATE:** 31 March 2005

**RE:** TASER Clinical Risk Review

At the request of the City Manager, we have completed a review of current medical literature and clinical data associated with use of the TASER on humans.

The following review process was used:

- Review of the pertinent published clinical literature, specifically:
  - Bleetman A, Steyn R, Lee C. Introduction of the Taser into British Policing. Implications for UK Emergency Departments: An Overview of Electronic Weaponry. *Emergency Medical Journal* 2004; 21:136-140.
  - McDaniel WC, et.al. Cardiac Safety of Neuromuscular Incapacitating Devices. *Pacing and Clinical Electrophysiology* 2005; 28:S284-S287.
- Review of data supplied by the Austin Police Department (APD) on Officer Injuries, Suspect Serious Injuries, and Use of Force for 2002-2004 (memo dated 3/7/2005)
- Review of APD Policy for TASER use.
- Review of Austin / Travis County EMS Medical Advisory on Patients Tasered by Law Enforcement (MED01-05).
- Discussion of available published medical data, clinical experience and APD data by the Travis County Medical Society ED/EMS Committee on 3/9/2005.

- There is no data available on the use of the TASER in individuals with implantable pacemakers and defibrillators. Caution should be used.
- One miscarriage was identified in a patient that had a history of drug abuse. The miscarriage occurred one day after being Tasered and no conclusive link was made to the device. However, caution should be exercised with known pregnant patients.
- Due to the TASERs incapacitating effects, indirect injury (falls, other trauma) should be expected and must be appropriately evaluated.
- Higher risk areas for physical injury (head, neck, groin) should be avoided if possible.

In addition, after review of the data supplied by APD on use of force, officer & suspect injury, it is clear that there has been a significant decline in reported use of force, injuries to officers and serious injuries to suspects. This data, while more than likely attributable to multiple factors, is an important indication that we have significantly less injury associated with use of force.

In summary, we find no conclusive medical evidence at this time that the use of the TASER presents an unacceptable clinical risk to human beings. It should be used with caution in those individuals with aggressive behavior and known drug use, individuals that are known to be pregnant and those with implantable pacemakers and defibrillators. Any individual with the above medical findings should be evaluated medically after being Tasered.

The emergency medicine physicians in this community are committed to patient safety and decreasing morbidity and mortality from all events associated with these challenging situations. The Travis County Medical Society ED/EMS Committee is willing to participate further in providing medical review of policy changes.

**AUSTIN POLICE DEPARTMENT  
GENERAL ORDERS, POLICIES AND PROCEDURES  
Part A – General Policies and Procedures**

**DOCUMENT TITLE: Duty Weapons**

**DOCUMENT #: A303**

**ISSUING AUTHORITY:**

**EFFECTIVE DATE: 04/02/2000**

**CALEA Standards referenced: 1.3.9, 1.3.10**

**A303 Duty Weapons**

Officers may carry approved weapons on or about their persons for any legitimate law enforcement purpose or as otherwise authorized by law. This policy sets guidelines on the types of authorized weapons and ammunition, as well as procedures for registration, qualification and proficiency with authorized weapons.

**\*\*Highlighted sections reflect revised portions of General Orders, Policies and Procedures Document A303.**

**.18 TASER®**

- A. The TASER® is a member of the family of Conducted Energy Weapons, which employs electro-muscular disruption (EMD) technology, causing temporary incapacitation to the individual. Its use does constitute the use of force for reporting purposes, and it may not be employed unless its level of force is justified.
- B. The TASER® may be used to control a dangerous or violent subject when deadly force does not appear to be justified and or necessary; or attempts to subdue the subject by other conventional tactics have been, or will likely be, ineffective in the situation at hand; or there is reasonable expectation that it will be unsafe for officers to approach within contact range of the subject
- C. Training and Certification:
  - 1. An officer must successfully complete the departmentally approved training program, to include written and practical tests, before they are authorized to carry and use the TASER®.
  - 2. Officers who are assigned TASERS® will be required to successfully complete the annual recertification training as determined by the Training Command.
- D. TASER® Deployment
  - 1. The TASER® is intended for use as defensive, less lethal weapon. Officers may use the TASER® to incapacitate, control, and apprehend a dangerous, violent or potentially violent subject or a subject who is aggressively resisting.
  - 2. Only one officer will deploy a TASER® on an individual, unless it is obvious the deployment was not effective.
  - 3. The TASER® **will not** be utilized under the following circumstances:
    - a. Against any subject already handcuffed.
    - b. The suspect is fleeing from officers for a misdemeanor or non-violent offense, **unless** the suspect is armed and poses an immediate threat to the officer or another person. *(S.O. 2005-03, 03-29-05)*
    - c. Against persons displaying passive resistance (passive resistance means a subject offers no physical resistance to arrest, simply goes limp, or makes no overt act of aggressive behavior);
    - d. When flammable liquids or gases are present;
    - e. Against a woman who is obviously pregnant; a child, which by physical stature and size appears to be under the age of 14; a disabled individual, or an elderly individual, as defined by section 22.04 of the

excessive use of force involving the device.

H. Periodic Download of TASER® data:

1. Officers will be required to download data from their assigned TASERS® when:
  - a. The TASER® is reassigned to another officer. In such situations, one copy of the data report will be filed with the officer's property inventory and one copy will be retained by the officer for one year from the date of downloading.
  - b. The TASER® is retired from the active police inventory. In these situations, the data report will be retained by Police Equipment for one year from the date of downloading.

I. Supervisors Responsibilities:

1. Respond to the scene of all deployments and/or drive-stuns.
2. Insure all documentation and evidence is completed and submitted.
3. Assure that the Use of Force Form has been reviewed for content and completeness.
4. Forward completed Use of Force Form with any attachments through chain of command to the Area Commander for review, prior to entry into the Use of Force database. ↩(S.O. 2005-02, 03-04-05)